

1.) CORPORATION NAME:

DUE DATE: **1/31/2013****COOPER CARRY, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1201195****KEVIN CANTLEY****625 N WASHINGTON ST STE 200****ALEXANDRIA, VA 22314**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 191 PEACHTREE STREET NE
STE 2400

CITY/ST/ZIP: ATLANTA, GA 30303

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KEVIN R. CANTLEY
TITLE: PRESIDENT
ADDRESS: 191 PEACHTREE STREET NE
STE 2400
CITY/ST/ZIP/CO: ATLANTA, GA 30303

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OFFICER

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DIRECTOR

NAME: DAVID KITCHENS
TITLE: VICE PRESIDENT
ADDRESS: 191 PEACHTREE ST NE
SUITE 2400
CITY/ST/ZIP/CO: ATLANTA, GA 30303

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OFFICER

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DIRECTOR

NAME: ROGER MILLER
TITLE: VICE PRESIDENT
ADDRESS: 191 PEACHTREE ST NE
SUITE 2400
CITY/ST/ZIP/CO: ATLANTA, GA 30303

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OFFICER

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DIRECTOR

NAME: SHERRY WILSON
TITLE: VICE PRESIDENT
ADDRESS: 191 PEACHTREE ST NE
SUITE 2400
CITY/ST/ZIP/CO: ATLANTA, GA 30303

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OFFICER

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DIRECTOR

NAME: EDGAR MUSE
TITLE: SECRETARY
ADDRESS: 191 PEACHTREE ST NE
SUITE 2400
CITY/ST/ZIP/CO: ATLANTA, GA 30303

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OFFICER

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DIRECTOR

NAME:	JEROME M. COOPER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB		
ADDRESS:	191 PEACHTREE STREET NE STE 2400		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	MARK KILL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	191 PEACHTREE ST NE SUITE 2400		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	RICHARD FLIERL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	191 PEACHTREE ST NE SUITE 2400		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	ROBERT NEAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	191 PEACHTREE ST NE SUITE 2400		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	KEITH SIMMEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	191 PEACHTREE ST NE SUITE 2400		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	ROB UHRIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	191 PEACHTREE ST NE SUITE 2400		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	BEN WAUFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	191 PEACHTREE ST NE SUITE 2400		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	Angelo Carusi	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	191 Peachtree St NE Suite 2400		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Tim Fish	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	191 Peachtree St NE Suite 2400		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Greg Miller	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	191 Peachtree St NE Suite		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		

NAME:	Steve Smith	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	191 Peachtree St NE		
CITY/ST/ZIP/CO:	Suite 2400 Atlanta, GA 30303		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SHERRY WILSON	SHERRY WILSON, VICE	1/16/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			